

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER		40	1/1/1
FORMALITY REVIEW	1/3	10906	02/20/01
RESPONSE FORMALITY REVIEW	1/10	907	5-5-01

INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Claim	Date
Final	Original
1	8/10/01
2	8/10/01
3	8/10/01
4	8/10/01
5	8/10/01
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49	8/10/01
50	8/10/01

Claim	Date
Final	Original
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Claim	Date
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If more than 150 claims or 10 actions  
 staple additional sheet here

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